

Foster Family Home - Corrective Action Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

Review ID: 1-562555-8

91-1104 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)CG # 5 no TB clearance since 6/18

client # 1 was not transported to [REDACTED] appointment 12/11/19 and no replacement appointment was scheduled

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff No sign in sign out sheet since 12/18 unknown how many hours the PCG was away from the home

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) no delegations signed for 2 SCG's, and no delegations for any caregivers for use of [REDACTED] or [REDACTED]

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) no fire drills since 12/2018

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c)

Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c) client # 1 has [redacted] meds ordered, but does not have a [redacted] or the meds
client # 1 had order for [redacted] filled on 12/03/19 not started until 12/11/19, it is not on the MAR at all
Client # 1 [redacted], it was on [redacted] Patient having side effect of [redacted] (No humidifier)

A. Chamberlain RN
Compliance Manager
Joseph Bis
Primary Care Giver

12/12/19
Date
12/12/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Josephine Bio

CCFFH Address: 91-1104 Hanakahi St Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 (b)(5)	A replacement doctor appointment was scheduled at the soonest available appointment	12/13/19	Home will remind clients and staff the day before each medical appointment and plan adequate time to prepare for appointment
41.(b)(5)(c) ii	Lapse in TB clearance cannot be corrected TB clearance for caregiver # 5 has been completed and placed in home book	12/13/19	Home will use a calendar and a checklist to identify when requirements are due and remind each caregiver 2 months in advance
3P(b)2	Lapse in sign in sign out cannot be corrected. Home has begun a sign in sign out sheet for December	12/13/19	Home has trained all substitute caregivers to make sure that the sign in sign out log is used each time primary caregiver leaves the home as well as primary caregiver also remembering to use

Primary Caregiver's Signature:

Josephine Bio

Print Name: JOSEPHINE BIO

Date of Signature: 01/05/20

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Chapter 17-1454

CCFFH Name: Josephine Bio

CCFFH Address: 91-1104 Hanakahi St Street Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43(c) 3	Lapse in delegations for substitute caregivers cannot be corrected Case management agency visited home on 12/16/19 and completed delegations for all current substitute caregivers for [REDACTED] [REDACTED]	12/16/19	Primary caregiver will request delegations from case management agency with each new skill or new client for all caregivers
46(b) (2)	Lapse in fire drill cannot be corrected Fire drill was completed 12/15/19 for December	12/15/19	A schedule has been posted on the front of the fire drill binder to make sure monthly fire drills are done, and each caregiver is lead in at least 1 fire drill per year
47.c	Case management agency has contacted doctor to clarify orders for medications that were not given as scheduled. A new medication administration record was developed and followed by caregivers 12/16/19	12/16/19	home will re-initiate a medication schedule of checking order, bottle dose, patient name time of administration, as well as checking [REDACTED] for ordered amount 3 times per day and document on daily checklist

Primary Caregiver's Signature: _____

Josephine Bio

Print Name: JOSEPHINE BIO

Date of Signature: 01/05/20